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AMENDMENT TRANSMITTAL LETTER				Docket No. 8733.442.00-US																																											
Application No. 09/892,647 - Conf. #2011		Filing Date June 28, 2001		Examiner Prabodh M. Dharja																																											
				Art Unit 2629																																											
Applicant(s): Joo Soo LIM																																															
Invention: LIQUID CRYSTAL DISPLAY DEVICE AND METHOD OF TESTING THE SAME																																															
<p align="center">TO THE COMMISSIONER FOR PATENTS</p> <p>Transmitted herewith is a Response in the above-identified application. The fee has been calculated and is transmitted as shown below.</p> <table border="1"><thead><tr><th colspan="6">CLAIMS AS AMENDED</th></tr><tr><th></th><th>Claims Remaining After Amendment</th><th>Highest Number Previously Paid</th><th>Number Extra Claims Present</th><th>Rate</th><th></th></tr></thead><tbody><tr><td>Total Claims</td><td>15</td><td>- 20 =</td><td>0</td><td>x \$50.00</td><td></td></tr><tr><td>Independent Claims</td><td>4</td><td>- 4 =</td><td>0</td><td>x \$200.00</td><td></td></tr><tr><td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td><td></td></tr><tr><td colspan="5">Other fee (please specify):</td><td></td></tr><tr><td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td><td></td></tr></tbody></table> <p><input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity</p> <p><input checked="" type="checkbox"/> No additional fee is required for this Response.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-0911</u> as described below. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> Credit any overpayment.</p> <p><input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.</p> <p align="right">Dated: <u>June 26, 2006</u></p> <p><u>George G. Ballas</u> Attorney Reg. No.: 52,587</p>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	15	- 20 =	0	x \$50.00		Independent Claims	4	- 4 =	0	x \$200.00		Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					
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